s needed, attach	on for Non-Individuals F	Check if this an amended filing iling for Bankruptcy o6/22 additional pages, write the debtor's name and the case number (if
orm 201 orm 201 orm petitions needed, attackore information, name	Chapter On for Non-Individuals F a separate sheet to this form. On the top of any a separate document, Instructions for Bankrupte	Check if this an amended filing iling for Bankruptcy o6/22 additional pages, write the debtor's name and the case number (if
orm 201 ry Petiti s needed, attackore information, name	On for Non-Individuals F a separate sheet to this form. On the top of any a separate document, Instructions for Bankrupte	Check if this an amended filing iling for Bankruptcy o6/22 additional pages, write the debtor's name and the case number (if
orm 201 Iry Petiti s needed, attackore information, mame	on for Non-Individuals F a separate sheet to this form. On the top of any a separate document, Instructions for Bankrupto	Check if this an amended filing iling for Bankruptcy o6/22 additional pages, write the debtor's name and the case number (if
ry Petiti s needed, attack pre information, name	a separate sheet to this form. On the top of any a separate document, <i>Instructions for Bankrupt</i>	iling for Bankruptcy additional pages, write the debtor's name and the case number (if
ry Petiti s needed, attack pre information, name	a separate sheet to this form. On the top of any a separate document, <i>Instructions for Bankrupt</i>	additional pages, write the debtor's name and the case number (if
names debtor	Camp David, LLC	
y assumed ade names and iness as names		
ederal Identification EIN)	84-2858430	
address	Principal place of business	Mailing address, if different from principal place of business
	12001 Cedar Lake Rd. Biloxi, MS 39532-8445	
	Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	Harrison County	Location of principal assets, if different from principal place of business
		Number, Street, City, State & ZIP Code
		Biloxi, MS 39532-8445 Number, Street, City, State & ZIP Code Harrison

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Type of debtor

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Debtor Camp David, LLC				Case number (if known)		
	Name					
7.	Describe debtor's business	A. Check one:				
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
		☐ Railroad (as defin	ned in 11 U.S.C. § 101(44))			
		☐ Stockbroker (as o	lefined in 11 U.S.C. § 101(53A))			
			er (as defined in 11 U.S.C. § 101(6	5))		
		_	s defined in 11 U.S.C. § 781(3))			
		None of the above	e			
		B. Check all that app	ly			
		☐ Tax-exempt entity	(as described in 26 U.S.C. §501)			
		☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)				
		☐ Investment advise	or (as defined in 15 U.S.C. §80b-2	?(a)(11))		
			erican Industry Classification Syst		t describes debtor. See	
		http://www.uscourt	s.gov/four-digit-national-association	on-naics-codes.		
8. Under which chapter of the		Check one:				
	Bankruptcy Code is the debtor filing?	☐ Chapter 7				
	A debtor who is a "small business debtor" must check	☐ Chapter 9				
the first sub-box. A debtor as		Chapter 11. Chec	ck all that apply:			
	defined in § 1182(1) who elects to proceed under				U.S.C. § 101(51D), and its aggregate to insiders or affiliates) are less than	
subchapter V of chapter 11 (whether or not the debtor is			\$3,024,725. If this sub-box is	selected, attach the most	t recent balance sheet, statement of	
	"small business debtor") must		exist, follow the procedure in		ax return or if any of these documents do no	π
	check the second sub-box.	!			1), its aggregate noncontingent liquidated	
					re less than \$7,500,000, and it chooses to sub-box is selected, attach the most recent	
			balance sheet, statement of o	operations, cash-flow state	ement, and federal income tax return, or if lure in 11 U.S.C. § 1116(1)(B).	
		1	A plan is being filed with this	'	ше III 11 0.3.С. § 1116(1)(в).	
			_		n one or more classes of creditors, in	
			accordance with 11 U.S.C. §		,	
		ĺ			ple, 10K and 10Q) with the Securities and ne Securities Exchange Act of 1934. File the	1
			Attachment to Voluntary Peti	tion for Non-Individuals Fi	ling for Bankruptcy under Chapter 11	
		1	(Official Form 201A) with this ☐ The debtor is a shell compan		ities Exchange Act of 1934 Rule 12b-2.	
		☐ Chapter 12		y do dominou in the coodin	Lico Exonange / lot of 100 f Nate 125 2.	
9.	Were prior bankruptcy					_
э.	cases filed by or against	■ No. □ Yes.				
	the debtor within the last 8 years?	L 103.				
	If more than 2 cases, attach a separate list.	District	When		Case number	
	ooparato not.	District	When		Case number	_

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Debt	tor Camp David, LLC		Case number (if known)	
	Name			
10.	Are any bankruptcy cases pending or being filed by business partner or an affiliate of the debtor?			
	List all cases. If more than 1	1		
	attach a separate list	Debtor		Relationship
		District	When (Case number, if known
11.	Why is the case filed in this district?	Check all that apply:		
			cipal place of business, or principal assets in or for a longer part of such 180 days than	
			ebtor's affiliate, general partner, or partnersl	•
				in the periodical services.
12.	Does the debtor own or	■ No		
	have possession of any real property or personal	☐ Yes. Answer below for each prope	erty that needs immediate attention. Attach a	additional sheets if needed.
	property that needs immediate attention?	Why does the property nee	ed immediate attention? (Check all that ap	ply.)
		☐ It poses or is alleged to pe	ose a threat of imminent and identifiable haz	zard to public health or safety.
		What is the hazard?		
		☐ It needs to be physically s	secured or protected from the weather.	
			ds or assets that could quickly deteriorate on the deteriorate of the deteriorate of the determinant of the	
		☐ Other		. ,
		Where is the property?		
			Number, Street, City, State & ZIP Code	
		Is the property insured?		
		□ No		
		Yes. Insurance agency		
		Contact name		
		Phone		
	Statistical and admin	istrative information		
13.	Debtor's estimation of available funds	. Check one:		
		Funds will be available for d	istribution to unsecured creditors.	
		☐ After any administrative exp	enses are paid, no funds will be available to	unsecured creditors.
14.	Estimated number of creditors	1 -49	<u> </u>	<u> </u>
	creditors	50-99	□ 5001-10,000 □ 10,001,05,000	□ 50,001-100,000
		□ 100-199 □ 200-999	□ 10,001-25,000	☐ More than100,000
15.	Estimated Assets	□ \$0 - \$50,000	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
		□ \$50,001 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		च क्ठण्ण,ण्णा - क्रा मामाणा	☐ \$100,000,001 - \$500 million	□ IVIOTE UTATI ΦΟΟ DIIIION
16.	Estimated liabilities	□ \$0 - \$50,000	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion

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Name	Debtor	Camp David, LLC		Case number (if known)	
□ \$10,000 □ \$10,000,001 - \$50 Hillion □ \$10,000,000,000,001 - \$10 Billion □ \$10,000,000,001 - \$50 Billion □ \$100,000,001 - \$50 Billion □ \$100,000,001 - \$50 Billion		Name	_ +,	_ · · · ·	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `

Debtor	Camp David, LLC		Case number (if known)			
	Request for Relief, Declaration, and Signatures					
VARNII	NG Bankruptcy fraud imprisonment for u	is a serious crime. Making a false statement in con up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15	nection with a bankruptcy case can result in fines up to \$500,000 or 519, and 3571.			
of a	laration and signature uthorized esentative of debtor	The debtor requests relief in accordance with th	e chapter of title 11, United States Code, specified in this petition.			
		I have examined the information in this petition and have a reasonable belief that the information is true and correct.				
		I declare under penalty of perjury that the forego	oing is true and correct.			
		Executed on March 23, 2023 MM / DD / YYYY				
	>	/ /s/ Mark Parish	Mark Parish			
		Signature of authorized representative of debtor	Printed name			
		Title Manager				
8. Sign	nature of attorney	/s/ Patrick Sheehan	Date March 23, 2023			
		Signature of attorney for debtor	MM / DD / YYYY			
		Printed name				
		Sheehan and Ramsey, PLLC				
		Firm name				
		429 Porter Ave Ocean Springs, MS 39564				
		Number, Street, City, State & ZIP Code				
		Contact phone 228-875-0572 E	mail address Pat@sheehanramsey.com			
		6747 MS				
		Bar number and State				